PUBLIC REPORT NO. 23

GRADUATES OF FOREIGN MEDICAL SCHOOLS: COMPLAINT OF DISCRIMINATION IN B.C. INTERN SELECTION PROCESS

FEBRUARY, 1991

Ombudsman
Fairness for all in British Columbia

OMBUDSMAN

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PUBLIC REPORT NO.23

GRADUATES OF FOREIGN MEDICAL SCHOOLS (GFMS)

Complaint of Discrimination in B.C. Intern Selection Process

A. Introduction

Medically required services are considered essential in Canada and are publicly funded to ensure that they are comprehensive, of high quality and universally accessible. A key element in meeting the public need for such services is the availability of highly skilled and appropriately qualified physicians in all parts of the country. Appropriate qualifications are not only medical knowledge and clinical skills, but also linguistic and cultural backgrounds to match the diverse social make-up of the country, and personal suitability to the special demands of this profession.

Canada is roughly self-sufficient in producing medical graduates who, following the required post-graduate training, will become qualified to practice medicine. Competition is extremely high to be accepted into Canadian medical schools and also to Canadian internship programs. However, there is no formal link between the medical schools and the internship programs and it is not a stated objective of the internship programs to provide positions for all medical school graduates. Despite this, it is not surprising that people trained in and for the Canadian medical system through Canadian medical schools will have an advantage in applying for Canadian internship programs, over graduates of foreign medical schools. It may also be justified, as discussed in Part C of this report.

Five graduates of foreign medical schools living in B.C. have been involved in lengthy fasts during the summer of 1990 and in January, 1991 to publicly protest the limited access to internship programs in this province. They are all Canadian citizens and have completed at some point the Medical Council of Canada Evaluation Examination (MCCEE) which qualifies them to compete for internship positions in Canada.

The specific complaint of this group is that graduates of foreign medical schools are unfairly discriminated against when competing against locally trained graduates. Further, the group claims that the provincial government response to this discrimination announced by the Minister of Health in early January is a program which is inadequate, and is in itself discriminatory in that it creates a different standard of qualification for graduates of foreign

medical schools.

The Ombudsman has been asked by the group of fasting doctors to investigate the fairness of the provincial government's role in the internship selection process. Clearly, this is a complex matter, involving national standards, provincial programs and funding, and local hospital and teaching selection processes. The investigative authority of the Ombudsman's office is restricted to matters of provincial jurisdiction. Further, the Ombudsman's office deals with administrative fairness and not with the politics of any particular dispute with government, including in this case the political pressure aimed at the government through the publicity of the fast, and any special political response that the Premier or Minister of Health might promise directly to these individuals.

With these limitations in mind, this office has investigated the internship selection process in this province. The findings and recommendations are set out in this report.

B. Requirements for licensure in British Columbia and the Internship Selection Process

1. General

The training and licensing of medical doctors in Canada involves numerous federal, provincial and local authorities.

The Medical Council of Canada was established in 1912 under the authority of the Canada Medical Act. One of the Council's original purposes was to establish and promote a qualification in medicine known as the Licentiate of the Medical Council of Canada (LMCC).

The Council is responsible for setting two Canada wide examinations. The first is the evaluating examination ("MCCEE") which most graduates of foreign medical schools ("GFMS") are required to pass in order to be able to compete for an internship position. The second is the qualifying examination ("MCCQE") which all medical graduates are required to take. Canadian graduates take the MCCQE in May of their fourth year of medical school, after the selections for internship have been made. Until recently, GFMS have been required to take this examination at the end of their internship year.

The LMCC is granted to graduate physicians who have passed the MCCQE and who have completed satisfactorily a required term of post-graduate clinical training in a program approved by a provincial licensing body.

Each province has its own licensing body which is responsible for setting the standards for all levels of licence within that

province. In British Columbia, this body is the College of Physicians and Surgeons (the "College").

Each provincial licensing body is a member of the Federation of Licensing Authorities. The Accreditation Committee of this Federation determines the number of accredited internship and other post-graduate training positions across Canada.

The provincial Ministry of Health determines the number of internship and other post-graduate training positions which will be funded by the province. In B.C. there are 103 funded positions. There are approximately 120 graduates from the U.B.C. medical school each year.

2. B.C. Hospital Programs

B.C. has four teaching hospitals which have one year rotating internship programs: St. Paul's, Royal Columbian, Lion's Gate and the Greater Victoria Hospital Society. There is also a two year post graduate Family Practice Residency Program offered at the U.B.C. Hospitals. It should be noted that all one year internship programs across Canada are in the process of being extended to two years.

Each internship program is operated by a Medical Director, who is paid by the hospital, and volunteer teaching staff. Because St. Paul's Hospital also runs a full residency program, a small number of its teaching staff are paid an academic salary by the university. Each hospital does its own selection of candidates for internship.

Each teaching hospital has a specific number of accredited positions. However, not all accredited positions are funded by the provincial health ministry. The breakdown in B.C. is as follows:

	Accredited	Funded
St. Paul's	36	26
Royal Columbian	24	20
Lion's Gate	12 (15 by Spring/91)	12
Greater Victoria H.S.	34	26
U.B.C. Family Practice Residency Program (1st year)	20	19
	126	103

The situation in B.C. of the provincial government funding less internship positions than U.B.C. medical school graduates creates an excess demand which is currently absorbed by other jurisdictions. This imbalance suggests that we are either producing more medical school graduates than is thought to be

required, or we are not funding sufficient internship positions to meet the community need. In either event, B.C. is spending large sums of public funds educating medical school graduates. If there are not enough intern positions for all of them to complete what is in effect the final year of their education prior to being licensed to practice medicine, pressure for an increase in these positions would cause direct competition with a special GFMS program for limited health education resources.

Some of the unfunded but accredited positions are filled with medical graduates funded by the Canadian Armed Forces; others are independently funded by local, private groups. This latter group presents special problems, which are discussed in Part C. 3.

The Canadian Internship Matching Service ("CIMS") is a federal register which matches the selections of candidates made by each teaching hospital and the choices made by each medical graduate. The hospitals rank their applicants in their order of preference and the medical graduates rank their choice of hospital in their order of preference.

The objective of each hospital is to obtain the most highly qualified candidates possible. Each hospital evaluates and ranks its applicants according to criteria based on academic qualifications, clinical skills and other work related experience or life skills. The programs in all Canadian medical schools include a substantial amount of training in clinical skills, and all medical students are exposed to at least a full year of clinical rotations, usually during their fourth year. Interns are expected to be able to join a hospital staff and perform immediately with a minimal amount of supervision.

There is a large number of applications for the funded B.C. hospital internship positions each year (between 500 and 1000 for each hospital). Some hospitals grant short interviews, but some do not. Evaluations of applicants are largely based upon the written application dossier only.

Almost all graduates of Canadian medical schools are placed in internship positions through the CIMS match. However, only a very small percentage of GFMS obtain positions through the matching program. For example, in 1990, of the applicants for internship through the CIMS match, 97% of the graduates of Canadian medical schools were matched to positions, while only 8% of the GFMS were matched.

3. Graduates of Foreign Medical Schools

A graduate of a foreign medical school is a person who has trained in a medical school outside Canada. The GFMS applying for internship in Canada that this report deals with are Canadian

citizens, landed immigrants or convention refugees. All of them are persons who are already in Canada and are eligible to work in this country.

With the exception of graduates from medical schools in the United States[1], GFMS are required to pass the MCCEE in order to be eligible to apply to a teaching hospital for internship or residency training. The MCCEE is conducted at various centres around the world. Once a person has passed the MCCEE, it is valid for five years.

Most graduates of foreign medical schools come to Canada after they have taken post graduate training and have been licensed to practice medicine in another country. In order to be eligible for full registration, applicants must have completed a required term of post graduate training in a hospital approved by the College of Physicians and Surgeons. For this purpose, there are two categories of post graduate training considered by the College:

I. training done in Canada, the United States, Great Britain, Eire, Australia, New Zealand or South Africa; and

II. training done in other countries.

This distinction is based on the accumulated experience of the licensing authorities.

The medical schools in the countries in Category I all communicate in English. Furthermore, the teaching methods and the approach to clinical medicine are so similar to that in the Canadian medical schools that the licensing authorities have accepted that training as equivalent. Thus, these graduates have only been required to take one additional year of post graduate training which can be done in any of the Category I countries.

By contrast, the medical schools in the countries in Category II usually communicate in a language other than English. Furthermore, the teaching methods and approach to clinical medicine are either unknown or so different from that of the Canadian medical schools that the licensing authorities have been unwilling to accept it as equivalent to the Canadian graduate. Therefore, these graduates

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[1] Physicians graduating from an American medical school accredited by the Liaison Committee on Medical Education are treated the same as those graduating from a Canadian medical school. The Liaison Committee is a closely related American body to that which accredits Canadian medical schools. Canadian graduates are treated the same in the United States.

have been required to take two years of post graduate training, one year of which may be taken in any of the Category I countries, and one year of which must be taken in Canada.

However, an effect of the current distinction is that graduates of Category I medical schools who have completed a year of internship in a hospital in a Category I country may be entitled to practice medicine in British Columbia without having to intern in Canada. However, graduates of Category II medical schools who have completed a year of internship training in a Category II country are required to complete two years of training in addition to the training already received, and where they have completed a year of internship training in a Category I country they still have to complete another year of internship or other post graduate training in Canada. This distinction can cause unfairness.

The Medical Council of Canada is presently developing an objective examination to assess an individual physician's clinical skills. By 1993 that should give all physicians, regardless of where they graduated or took post graduate training, equal opportunity to demonstrate competence.

All of the five foreign trained graduates who have complained to this office were trained in Category II countries.

A foreign medical graduate may apply for an internship position by submitting his or her application through the CIMS - the same way as a graduate of a Canadian medical school. He or she may also take steps to secure private funding and apply to individual teaching hospitals for an accredited position which is not funded by the provincial health ministry.

Neither of these methods of application has proven to be effective in most cases. Because of the evaluation problems discussed below, GFMS are rarely matched by CIMS, and there is an inherent unfairness about selecting candidates from a pool of people who are able to obtain their own funding (with the exception of those funded by the Canadian Armed Forces, which is really a publicly funded special needs program).

4. The evaluation process for GFMS

The MCCEE is a screening examination which tests medical knowledge only and attempts to equate the academic medical knowledge of a GFMS with that of a graduate of a Canadian medical school. It does not evaluate clinical skills.

One of the problems which a foreign graduate faced until recently was that he or she did not have access to the MCCQE at the same time as a Canadian graduate. In order to be eligible to write the

MCCQE, a foreign graduate was required to obtain an "enabling certificate" from the College of Physicians and Surgeons. This enabling certificate was only issued after a GFMS had passed the MCCEE and completed a term of internship. This has now been changed, and a foreign graduate is now entitled to write the MCCQE once he or she has passed the MCCEE (provided that this has not lapsed). While this change helps the process to some degree (the MCCQE is more comprehensive, assesses clinical skills to some extent, and does not lapse), it does not solve all of the underlying problems associated with the evaluation process.

While there are a number of requirements which must be satisfied before a person can be licensed to practice medicine in B.C., the major roadblock in the process for most foreign graduates is that it is extremely difficult to obtain an internship position anywhere in Canada. The fact that the GFMS have had to be judged on the MCCEE has presented real problems because the MCCEE does not provide sufficient information about the person which assists in making a proper evaluation of his or her skills. The MCCQE will provide better information, but the fact that it is usually written after the selections for internship have been made will not help the foreign trained applicant to compete in the CIMS match during the year in which it is written.

The major problem is that the present system of evaluating internship applicants is not designed to assess qualifications from other systems of medical training. The amount and quality of information available to the selection committees vary significantly between the Canadian and foreign graduates. The dossier of a Canadian trained graduate normally contains information from the Dean or Associate Dean of the medical school, reference letters from faculty members, transcripts of marks, evaluations of clinical rotations from 4th year, standing in the class and sometimes the results of the American National Board examination. All of these are known factors. The dossier of a foreign trained graduate may not contain transcripts or reference letters. When transcripts are available they are often provided without a reference as to what the marks mean. There is often no evaluation of the student's clinical skills, if indeed the student received any clinical training as part of his or her medical education. Further, there may be very little information available about the type of program offered by the place of training. Most of these are unknown factors.

As a result of these difficulties, several Canadian provinces have implemented special training programs for GFMS. These programs implement an extensive method of evaluation. Ontario provides 24 positions. Applicants are required to write a six-hour multiple choice examination which covers the major clinical disciplines. The top 72 candidates are then invited to an oral examination which evaluates clinical, data analysis and problem solving skills. The

best 24 candidates are then selected for the program. They must first complete a pre-internship program, which takes from 36 to 48 weeks. Those who complete this receive educational licences and are eligible for internship. They must then complete two years of internship, or one year of internship and one year of residency in order to be licensed to practice medicine in Ontario.

Quebec selects ten GFMS yearly for post-graduate training. The candidates must first pass a French language examination and a written medical examination. The top ten candidates are selected from this process.

5. B.C. Special Program for GFMS

The B.C. government's proposal is to create a special program for GFMS, providing for two funded positions. Applicants must have resided in B.C. for at least two years and are required to pass the TOEFL (Test of English as a Foreign Language), the MCCEE and the MCCQE. From the results of the MCCQE, the top 50% will take a standard clinical oral examination. The top 20% of applicants from this examination will continue on to a clinical evaluation period for approximately 8 weeks. The two candidates ranked the highest following this final assessment will be admitted into an 4 month pre-internship training period, which is designed to be equivalent to a series of fourth year clinical rotations. Upon successful completion of this training period, each candidate will begin a two year rotating internship.

Those candidates not chosen will, however, have had a Canadian assessment of their clinical skills and their ability to adapt to the Canadian medical system. This may assist them in further applications to the general internship through the CIMS.

6. Independently Funded Internships in B.C.

As stated earlier, the Ministry of Health in B.C. currently funds a total of 103 internship positions. There are, however, a total of 126 accredited positions in the B.C. teaching hospitals. Some of these unfunded, accredited positions are funded by the Canadian Armed Forces. Others are funded by private organizations in Canada or abroad, who support particular individuals for internship positions. The validity of this type of funding is discussed in Part C.3.

C. Analysis

1. General Principles

In practice, it seems clear that graduates of Canadian medical schools have an advantage in the selection process. This may be justified for a number of reasons.

(1) As mentioned above, it is often difficult for Canadian hospitals to comprehensively assess the real qualifications of a foreign graduate relative to Canadian graduates. Furthermore, it is clearly the responsibility of the GFMS, and not the Canadian hospital, to provide the evidence of foreign qualification sufficient to make a fair, merit-based comparison. In a large proportion of cases, this is not and cannot be effectively done. The internship hospitals, dealing with hundreds of applications per year, do not have the resources to research the individual GFMS qualifications themselves. On the other hand, a graduate from a Canadian medical school presents a dossier of information in support of his or her application which includes marks, awards, clinical evaluations and Dean's letter, all from programs and individuals who are well known to the selecting hospital.

(2) Internship is, in essence, the fifth year of a 5 year Canadian medical graduate program leading to a license to practice medicine. The 3rd, 4th, and 5th years blend into each other through increased clinical experience and responsibility in hospitals, so that by the first day of the internship (5th year) the medical student is known to be capable of performing and is expected to perform highly skilled clinical functions with little or no direct supervision.

(3) GFMS come with a wide variety of educational and clinical experiences. Whatever their medical background, they have not been trained in the Canadian health care and hospital system and cannot be expected to perform at the same level as graduates of Canadian medical schools, at the initial stages of internship. For virtually all GFMS, with the exception of those from the U.S., some period of clinical adaptation is required for them to work effectively and safely in the Canadian hospital system.

(4) For the most part, teaching staff in B.C. internship hospitals are volunteer doctors who have their own private practices. It is simply not realistic or appropriate to expect them to provide the detailed supervision or training that would be required for new interns unfamiliar with Canadian clinical practice and hospital functions.

(5) Graduates of Canadian medical schools undergo intense competition to begin their training, and successfully complete 4 years of examinations and evaluations prior to internship. It is fiscally sensible as well as fair that

they should be given some, although not absolute, priority in proceeding to internship and their final qualifying year towards being licensed to practice medicine. GFMS have, for the most part, already enjoyed this opportunity to practice in their countries of training. Although there are, of course, tragic exceptions in the case of refugees and others faced with personal emergencies, many GFMS have chosen to seek to practice medicine in Canada in preference to their country of training for personal or economic reasons. In most cases, it is not reasonable that they should be able to displace candidates already in and successfully proceeding through the Canadian system in the last year of a 5 year post-graduate program.

(6) Many immigrant GFMS have been required to sign a form prior to gaining landed immigrant status in Canada which recognizes the difficulty they will face in becoming licensed to practice medicine in this country. It is only fair that the reality of the situation be clearly explained prior to someone making the very serious decision to emigrate from their country of training and licensing. Arguably, a professional graduate voluntarily making such an important decision can be expected to first research the requirements and process thoroughly. However, it should be noted that the prerequisites for Canadian internship selection have been somewhat misleading, and the practical advantage to graduates of Canadian medical schools has not been explicitly stated. Specifically, GFMS may well have assumed that successful completion of the MCCEE, until this year the only formal prerequisite to applying for internship with a Canadian hospital, would place them in a competitive position with graduates of Canadian medical schools. This is not the case.

For a variety of reasons, all graduates of U.B.C. medical school will not prefer internship positions in B.C. hospitals. Therefore, even with the current gap between U.B.C. medical graduates and funded B.C. internship positions, there are likely to be opportunities for graduates from elsewhere to intern and become licensed to practice medicine in B.C. However, as with U.B.C. graduates, graduates from other Canadian medical schools will have a distinct advantage over most GFMS due to the direct relevance of their training to the Canadian hospital system, and to the familiarity of the hospital intern selection panels with the training, evaluations and references of the graduates from Canadian medical schools, notwithstanding that they are from outside B.C.

The issue to be considered regarding applications by GFMS for available positions in Canadian general internship programs is not

race, language or country of origin. The GFMS under consideration for Canadian internship dealt with in this report are all people living and working lawfully in Canada as Canadian citizens, landed immigrants or convention refugees. All such people should have the equal right to compete on the basis of merit, without bias, for available internship positions in this country. The only distinguishing feature is that they have been trained in medical schools outside of this country, and may be less well adapted to Canadian hospital needs and practices than graduates of Canadian medical schools. As noted above, they should also not, in most cases, be able to displace students who are successfully proceeding through the system, the final stage of which is internship.

There is another important public policy consideration. Canada is a richly multi-cultural, multi-lingual country and it is both reasonable and necessary for the cultural and linguistic background of physicians in this country to match the overall make-up of the population. In this regard, it has been noted that Canadian medical schools, to a large extent, already reflect the Canadian diversity. However, special community needs do arise (e.g. the insufficient number of Spanish-speaking doctors in the Greater Vancouver area to meet the need of the Spanish-speaking community) and in these situations, it is reasonable for such personal attributes to be given special recognition as elements of merit in the internship selection process, where the technical medical skills might be considered to be comparable amongst competing candidates. Such special recognition could take the form of either extra points on a general selection process, or a special internship program designed to ensure that all such specific community needs are properly met.

2. Special Program

In principle, the fairest and most effective selection process for GFMS into Canadian internship positions, either extra positions in general internship programs or special GFMS programs, would be one that was capable of assessing the training and achievement of all foreign medical graduates eligible to apply, no matter where they might have been trained or previously practised. This would require extensive research into the exact nature of the training received in all foreign medical schools, knowledge of the awards, distinctions and grading methods of those schools, and confidence in the references and other evaluations produced in other countries. While this would be desirable and, in some cases, possible, in many cases for reasons of language, distance and simply time, selection panels for Canadian internship programs will not be able to develop the same level of confidence in application dossiers submitted by GFMS as in those submitted by graduates of Canadian medical schools with which they are intimately familiar. Therefore, the best chance of achieving a fair and effective assessment process for foreign medical graduates is to have them

complete a set of evaluation exams that comprehensively test all academic and clinical aspects relevant to successful entry into the Canadian internship program.

Given sufficient information concerning each candidate, the selection process for Canadian internship programs should be solely based on merit and sufficiently transparent so that any bias in the system can be identified and challenged. While selection criteria should, for the most part, be objective, there will necessarily be some element of subjectivity involved, particularly as the selection process narrows and the assessment concentrates more on clinical skill and judgment. As well, as mentioned above, personal characteristics such as demonstrated idealism, humanity, and energy or special linguistic or cultural attributes which would meet an unfulfilled community need should properly be considered where technical medical skills are otherwise comparable.

The recent Canadian experience has been that GFMS simply cannot effectively compete for positions in the standard internship programs and, as discussed above, this may not be unreasonable. Therefore, it may be necessary to establish special programs to compensate for the barriers which appear, at least in some cases, to unfairly restrict access to some GFMS. Such programs have been set up in numerous provinces in Canada, and one has recently been announced by the Ministry of Health for B.C. It should be noted that all GFMS can still apply for the general internship positions, either directly to a specific training hospital or through the CIMS, and that attempts should continue to make that assessment and selection process as fair as possible for positions that may be available, as noted above. In these circumstances, the objective of a special program should be clearly stated as being to ensure that the Canadian public, in all its diversity, has access to the most skilled and appropriately qualified physicians possible. A special program selection process should not be designed simply to place GFMS who are unable to compete in the general internship selection process for reasons outside the reasonable control or rationale of that system.

The fasting doctors in B.C. have clearly brought public and political attention to their frustration with the selection process for general internship positions, as it applies to GFMS in British Columbia. It is apparent that the special program announced by the Minister of Health is intended to respond to the concerns raised by the fasting doctors and that it cannot satisfy their personal complaints. Only two positions per year will be provided through the program at St. Paul's Hospital, and there should be no priority given to the fasting doctors in the selection process. These five doctors claim that they should have priority because they have sacrificed their health and perhaps their reputations to curing the inequity that they claim in the current system. However, it would compound any unfairness if they, by their actions, were able to

achieve priority over other GFMS for reasons unrelated to their medical skill, other appropriate qualifications or the specific community need.

The reality of the disadvantage experienced by GFMS attempting to qualify in the Canadian medical system should be addressed in any special program. Ideally the program should be designed to assist qualified GFMS to adapt their medical skills and not merely to further screen them out of qualification. This is a particular danger for those GFMS in B.C. who have been unable to practice their clinical skills for several years while attempting to enter the general internship program. Testing these people with a clinical oral examination prior to allowing them an opportunity to refresh their clinical skills may be unrealistic and unfair. Consideration should be given to either reversing the order of the clinical oral exam with the eight week clinical evaluation period (the numbers would be dependent upon the capacity of the hospital and the funding made available) or providing workshops for GFMS to assist them to prepare for the exam. Such workshops could perhaps be organized by the Ministry of Health or through organizations such as the B.C. Medical Association, the College and the Faculty of Medicine at U.B.C. Also, hospitals in Ontario and Quebec provide opportunities for GFMS to participate for a fee in "observership" programs whereby they can become familiar with Canadian hospital procedures without having direct responsibility for patient care. This could be considered in B.C..

The proposed B.C. special program requires that each applicant attain a pass on the MCCEE dated March 1, 1986 or later. It also requires each applicant to pass the MCCQE. This seems to be an unfair burden on those GFMS who attained a pass on the MCCEE prior to March 1, 1986, because they are now required to pass two exams which are apparently similarly based. If they can pass the more comprehensive MCCQE then they should be permitted to compete in the special program. Unfortunately, this is a requirement of the Medical Council of Canada and provincial authorities do not have the power to allow GFMS to write the MCCQE if they do not have a valid (not lapsed) pass on the MCCEE.

It should be noted that the provincial government does not control hospital selection or licensing standards and it would be inappropriate and potentially harmful to the level of medical care if it did so. However, it should be the responsibility of the Ministry of Health to ensure that internship selection, including for any special program, is fair, merit based and generally meets the community need. Any direct interference with individual selection beyond this by either the university or the provincial government would be inappropriate. When considering community need, it is important to realize that the four general internship program hospitals in B.C. and the one (St. Paul's) special program hospital are not simply responding to the need of their immediate

communities, but have province-wide responsibility.

The proposed B.C. special program also requires that applying GFMS have resided in B.C. for a minimum of 2 years. Clearly, this is intended to narrow and simplify the selection process and to give an advantage to GFMS who have a demonstrable connection with the province. It is also consistent with special programs in other provinces which restrict entry to provincial residents. However, it is questionable whether such a restriction is consistent with Canadian mobility rights. Further, if a major purpose of a special program is to take advantage of special skills and qualities to meet community needs, then arguably it should be capable of attracting the best people possible. This is, indeed, the case for general internship programs, where hospitals see the strength in having some representation from different Canadian medical schools from across the country. It is recognized however that because the programs in other provinces currently restrict entry to their own residents, it would create unfairness to B.C. residents if the B.C. program were open to GFMS across Canada.

While the proposed 2 special internship positions may be inadequate to remedy the accumulated problem experienced by GFMS in B.C., this is a pilot project. More accurate information will be available as to the number of qualified GFMS in the province following the evaluation process, and this could demonstrate the need to expand the program in the future.

3. Independently Funded Internships

As noted above, in some situations accredited but unfunded internship positions in hospitals have been filled by GFMS who have been independently funded by private sources. These should be distinguished from Armed Forces positions, which are serving a specific public purpose and are publicly, although differently, funded. Where a private organization, however well intentioned, seeks to fund a particular candidate for internship, there is real potential for abuse, as follows.

First, the selection process is not merit-based. Although the rationalization for a particular person may be that his or her specific cultural or linguistic background fits a specific community need, that person may not in fact be the best qualified. This is unfair, and may even be contrary to the public interest given the onerous responsibilities that come with internship.

Second, if the purpose is to meet community needs, it is reasonable that they be identified by a public process, to insure that appropriate medical services are universally available. If indeed a gap in services is publicly identified, then it is appropriate that it be filled at general public expense, and not through the private subscription of one group.

Third, a privately funded internship system is capable of being manipulated to in fact satisfy the personal interest of a specific intern, rather than a real community need met by fairly selecting the most qualified candidate. The Professional Association of Residents and Interns (PARI) of B.C. used to attempt to monitor privately funded internships to protect against such abuse. However, this was stopped in 1990 because they were uncertain as to their authority and ability to do so.

Finally, because privately funded interns are not covered under the terms of the PARI collective agreement, there is a concern that they could be exploited through less favourable terms of employment. While an individual intern might be willing to endure less favourable terms of employment in order to get a position (and indeed some have offered to work for nothing), having different interns do essentially the same job while qualifying in different ways and being paid differently can be dangerously detrimental to morale and standards in a hospital setting.

Where specific community medical needs are identified or anticipated through a public process, then they should be met through a publicly funded, special internship program, with candidate selection based on a transparently fair, merit-based process. The new B.C. program will provide 2 internships for GFMS in this way. If additional community need exists, then the program should be expanded to meet it. The number of positions could be increased to meet identified need up to the number of accredited and currently unfunded positions. Armed Forces funded positions would also subtract from this number.

E. Summary of Conclusions

1. The provincial government does not and should not be able to interfere with either the setting of educational standards for admittance to internship programs, which is the responsibility of the College of Physicians and Surgeons, or the assessment and selection of interns, which is the responsibility of the hospitals administering the internship program.

2. The provincial government, as part of its responsibility to ensure the fair administration of the health care system in the province, should insist that the internship positions which it publicly funds are awarded to eligible candidates who have had a reasonable opportunity to have their qualifications assessed relative to other candidates and who are selected on the basis of merit.

3. However, it is understandable and reasonable that graduates of Canadian medical schools have an advantage over graduates of foreign medical schools (GFMS) for general internship positions which reflects their greater familiarity with the Canadian hospital system and which recognizes their right to complete their medical education to the post-internship licensing stage.

4. This office has found no evidence of racial, cultural or linguistic discrimination against GFMS. However, for GFMS who have completed internship outside of Canada or the U.S., there is a potential for unfairness because of the current distinction made by the College of Physicians and Surgeons between Category I & II countries. The objective clinical examination of all physicians planned by the Medical Council of Canada should remove this distinction.

5. Where technical medical knowledge and skills are otherwise comparable, then it is appropriate to consider special attributes such as linguistic or cultural background related to meeting specific community needs. This applies to general and special internship programs, and to graduates of Canadian and foreign medical schools.

6. In addition to passing the standard national qualifying exams, it is the responsibility of the individual applicants to provide a dossier of assessment information sufficient to enable effective comparison to other applicants, including foreign trained or Canadian trained medical school graduates.

7. Special internship programs for graduates from foreign medical schools may be appropriate in order to provide

opportunities for them outside of the general internship selection process in which many cannot realistically compete, to meet special community needs, and to receive the benefit of superior or specialized skills. Where such criteria have been identified, the positions in the resulting special program could be publicly funded up to the accredited capacity which the administering hospital can handle. However, these would be in competition with positions funded by the Armed Forces, and also with any expansion of funding by the provincial government for general internship positions.

8. The stated objective of the special internship program announced by the Ministry of Health in December, 1990 is to provide equal access opportunities to all GFMS residing in B.C. It is not likely that the 2 positions to be funded will fulfil this objective. However, it is a pilot project which will accurately identify the number of qualified GFMS in the province and the need for future expansion of the program.

9. The special program proposed by the Ministry of Health has a comprehensive assessment and fair selection process built into it. It should be designed not only to evaluate and screen applicants, but also to assist qualified GFMS to adapt their medical skills to the Canadian medical system. It should be directed not only as a way to remedy past inadequacies in the selection process, but also to meet specific community needs for physicians with special attributes which are not otherwise being met by the general internship selection process. Although the special program will not and cannot provide positions for all GFMS, the MCCQE, the clinical oral exam, and pre-internship opportunities may improve the ability of the unsuccessful candidates to demonstrate their suitability for general internship selection.

10. Privately funded internship positions should not be permitted. If the community need is demonstrated, these should be publicly funded and the selection process should be fair and merit based.

11. While it is essential that the graduates of foreign medical schools who have participated in the fasts be able to compete fairly in a merit-based selection process with other candidates for the special internship program, it is not reasonable that they should have priority outside of the normal selection criteria over other graduates of foreign medical schools who did not fast. However, they must be assured by the clear fairness of the selection process that they will truly be able to compete on the

s of merit and not be disadvantaged because of the
ic stand they have taken with respect to their
ings of past injustice.

Stephen Owen

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Ombudsman